



Agenda Item 10.0

Report of the Legislative Committee

BRN Board Meeting | May 17-18, 2023

Legislative Committee
May 17-18, 2023

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BOARD OF REGISTERED NURSING
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Agenda Item Summary

AGENDA ITEM: 10.0
DATE: May 17-18, 2023

ACTION REQUESTED: Legislative Update

REQUESTED BY: Dolores Trujillo, RN, Chairperson

BACKGROUND: Presentation of recently introduced or amended bills in 2023-2024 Legislative Session. Opportunity for Board members to discuss and take a position through vote, if desired.

NEXT STEPS: Continue tracking and analysis of BRN related bills during 2023-2024 Legislative Session.

FINANCIAL IMPLICATIONS, IF ANY: Dependent on the proposed legislation and contained in the bill analysis, if applicable.

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BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 1292](#)
AUTHOR: Assemblymember Flora
BILL DATE: April 27, 2023 – Amended
SUBJECT: Nursing: distance education nursing program students
SPONSOR: Nightingale Education Group

SUMMARY

This bill would authorize a student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution, to render nursing services for the purpose of gaining clinical experience in a clinical setting that meets certain criteria.

RECENT AMENDMENTS

- Clarify that the supervision of a nursing student must be in person.
- Specify that a clinical agency or facility cannot offer clinical experience placements to an out-of-state private postsecondary educational institution if the placements are needed to fulfill the clinical experience requirements of in-state student enrolled in a board-approved nursing program.
- Prohibit a prelicensure distance education nursing program from making a payment to any clinical agency or facility in exchange for clinical experience placements for students enrolled in a nursing program offered by or affiliated with the institution or private postsecondary school of nursing.

BACKGROUND

Nursing program accreditation is a voluntary process that is typically carried out by private, nonprofit organizations that are recognized by federal and state government agencies. These organizations evaluate nursing programs from a national perspective to see if they meet certain standards of the profession such as continuous improvement and program effectiveness.

Nursing program approval is a required process that is typically carried out by the public Board of Nursing (BON) in each state. The BONs evaluate programs from a state perspective, to see if they meet the specifications of the state's Nursing Practice Act for the purpose of protecting both the students and the public. Approval is tied to student's ability to enter the profession and practice as a nurse. Nursing students are only eligible to take the National Council Licensure Examination (NCLEX-RN) if they graduated from a BON-approved nursing program.

Every state has its own Nursing Practice Act that sets the framework for how nurses are prepared and able to practice within that state. The NPA for each state sets different standards and rules related to nursing education, nursing discipline, and nursing scope of practice. Consequently, without Board approval, there is no way to ensure that the education students are receiving complies with that state's laws and regulations.

For that reason, the law currently states that a nursing student can only provide nursing services if they are enrolled in a California Board approved nursing program. The Board provides initial vetting and ongoing oversight to California nursing programs through its program approval process to ensure that they comply the laws set by the California Legislature related to nursing education and scope of practice.

REASON FOR THE BILL

According to the author, a strong California nursing workforce decreases the dependency on costly travel nurses that currently exacerbates the already detrimental financial situations of nursing employers. Rural California communities are especially affected and are at increased risk for hospital and healthcare clinic closures, disproportionately affecting underserved populations. AB 1292 provides relief to California's healthcare financial crisis by allowing existing fully regulated distance nursing education programs to assist California healthcare institutions in alleviating this dependency by partnering together to educate ready and willing local California residents.

ANALYSIS

According to [Business and Professions Code Section 2729](#), a student may render nursing services if those services are incidental to the course of study of one of the following:

- a) A student enrolled in a board-approved prelicensure program or school of nursing.
- b) A nurse licensed in another state or country taking a board-approved continuing education course or a post licensure course.

This bill would amend that section to add the following:

- c) A student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution for the purpose of gaining clinical experience in a clinical setting that meets both of the following criteria:
 - A. The program is accredited by a programmatic accreditation entity recognized by the United States Department of Education.
 - B. The Board has not otherwise approved the program.
 - C. The student placement does not impact any students already assigned to the agency or facility.
 - D. The prelicensure distance education nursing program does not make a payment to a clinical agency or facility in exchange for clinical experience placements.

The bill states that a student shall be supervised in person by a registered nurse licensed by the Board while rendering nursing services.

The bill also states that a clinical agency or facility shall not schedule a clinical experience placement with an out-of-state private postsecondary educational institution

if the placement is needed to fulfill the clinical experience requirements of an in-state student enrolled in a board-approved nursing program.

Lastly, the bill defines an out-of-state private postsecondary educational institution as a private entity without a physical presence in this state that offers distance education to California students for an institutional charge, regardless of whether the institution has affiliated institutions or institutional locations in California.

Additional Considerations

The current version of the bill raises the same concerns around public protection that were identified in the previous version and discussed at the April Board meeting. The bill would still provide an exemption from Board oversight for certain out of state nursing programs.

While the amendments seek to address the issue of clinical displacement by stating that a clinical agency or facility cannot schedule a clinical experience placement with an out-of-state private postsecondary educational institution if the placement is needed to fulfill the clinical experience requirements of an in-state student enrolled in a board-approved nursing program, it is unclear how that provision would be enforced since the Board does not have jurisdiction over healthcare facilities.

FISCAL IMPACT

Board staff anticipates the bill would require both staffing and IT costs in order to develop regulations and establish an online application and vetting process for schools, nursing students, etc. in accordance with the eligibility provisions of this bill.

SUPPORT

- Nightingale Education Group

OPPOSITION

- California Nurses Association

LEGISLATIVE COMMITTEE POSITION

Not Applicable.

FULL BOARD POSITION

The Board took an OPPOSE position on the 2/27 version at the April Board Meeting.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 1577](#)
AUTHOR: Assemblymember Low
BILL DATE: April 27, 2023 – Amended
SUBJECT: General acute care hospitals: clinical placements: nursing
SPONSOR: Author

SUMMARY

The bill would require certain general acute care hospitals and community college nursing programs to report to the Department of Health Care Access and Information (HCAI) and the Board of Registered Nurses (Board) on the number of clinical placements that are available in a hospital and needed by a community college.

The bill would then require a hospital to meet the clinical placement needs of a community college or potentially be subject to a fine.

BACKGROUND

Department of Health Care Access and Information

HCAI's mission is to expand equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

Their main program areas including the following:

- **Facilities:** monitor the construction, renovation, and seismic safety of California's hospitals and skilled nursing facilities.
- **Financing:** provide loan insurance for nonprofit healthcare facilities to develop or expand services.
- **Workforce:** promote a culturally competent and diverse healthcare workforce
- **Data:** collect, manage, analyze and report information about California's healthcare infrastructure and patient outcomes.
- **Affordability:** analyze health care cost trends and drivers of spending, enforce health care cost targets, and conduct cost and market impact reviews of proposed health care consolidations.

REASON FOR THE BILL

According to the author, a recent audit from the State Auditor's office, notes that during the 2017-18 academic year, nursing programs reported that more than 2,300 students were affected by clinical displacement. One of the issues particularly amplified by the pandemic has been the lack of clinical placements for nursing students.

Given the unique requirements surrounding nursing clinical experiences, nursing student clinical placements are already a scarce commodity. COVID-19 has only worsened the scarcity of available clinical placements. The author concludes that in

response, this bill would require that a certain amount of clinical placement spots be made available to nursing students.

ANALYSIS

The bill would require a general acute care hospital that is located in the service area of a community college with an approved school of nursing to report to HCAI and the Board, on a quarterly basis, the number of nursing clinical placements filled by the hospital for that quarter. The bill would then require HCAI to categorize the information by hospital, school type, school name, and clinical placement location and post on its website.

The bill would also require that, by March 1 of each year, a community college with postsecondary educational students enrolled in an approved school of nursing or an approved program of nursing education must notify HCAI and the Board of the number of clinical placements the community college will require for the next academic year.

Lastly, the bill states that a general acute care hospital that is located in the service area of a community college with an approved school of nursing must meet the clinical placement needs of community colleges with postsecondary educational students enrolled in an approved school of nursing or an approved program of nursing education, or they could potentially be subject to a fine.

FISCAL IMPACT

None Anticipated.

SUPPORT

- American Federation of State, County and Municipal Employees
- United Nurses Associations of California/Union of Health Care Professionals

OPPOSITION

- Association of California Healthcare Districts

LEGISLATIVE COMMITTEE POSITION

Not Applicable.

FULL BOARD POSITION

The Board took a WATCH position on the 4/17 version at the April Board meeting.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 1695](#)
AUTHOR: Assemblymember Gipson
BILL DATE: April 18, 2023 - Amended
SUBJECT: Career technical education: Nursing Pathway Pilot Program
SPONSOR: United Nurses Associations of California/Union of Health Care Professionals

SUMMARY

This bill would, subject to an appropriation of one-time funds, establish the Nursing Pathway Pilot Program in high schools to create pathways toward associate degrees in nursing at California Community Colleges (CCC).

BACKGROUND

Career Technical Education

Career Technical Education (CTE) is a program of study that involves a multiyear sequence of courses that integrates core academic knowledge with technical and occupational knowledge to provide students with a pathway to postsecondary education and careers. California has a wide variety of CTE programs that are supported by both federal and state funds. Three of the main K-12 CTE programs include CTE Incentive Grants (CTEIG), K-12 Strong Workforce Program (SWP), and Golden State Pathways Program (GSPP).

CTE Incentive Grants

The CTEIGs are allocated on a competitive basis and the funds are disbursed based on a formula that considers the size of the CTE program. Priority is given in eight different categories, including whether the program is in a rural area and whether it already uses other CTE funding, such as federal grants. The program requires a \$2 local match for every \$1 in state funding.

K-12 Strong Workforce Program

The K-12 SWP is allocated to regional consortia based on a formula considering grades 7 through 12 attendance and regional workforce needs. Each consortium, in turn, awards grants to school districts, charter schools, and county offices of education on a competitive basis. The program requires that grantees partner with a community college to develop CTE opportunities and career pathways. The program also requires a \$2 local match for every \$1 in state funding.

Golden State Pathways Program

The purpose of the GSPP is to provide local educational agencies (LEA) with the resources to promote pathways in high-wage, high-skill, high-growth areas, including technology, health care, education, and climate-related fields that allow pupils to advance seamlessly from high school to college and career and provide the workforce needed for economic growth. The two funding opportunities for the GSPP are

- Consortium Development And Planning Grants – these are intended to support collaborative planning between a grant recipient and their program partners in the development of high-quality college and career pathways opportunities.
- Implementation Grants - these are intended to support a grant recipient's ability to offer participating pupils' high-quality college and career pathways opportunities.

Dual Enrollment

Dual enrollment allows high school students to take college level courses that may count toward both a high school diploma and a college degree. Dual enrollment has various models but the two most widely used in California are traditional dual enrollment and College and Career Access Pathways (CCAP). Traditional dual enrollment typically consists of individual high school students taking college-level courses on a community colleges campus. CCAP, on the other hand, allows cohorts of high school students to take college-level classes on a high school campus.

REASON FOR THE BILL

According to the author, California is facing a nursing shortage crisis, and we must address it at the root. This pilot program proposal is not a short-term band-aid, it is a long-term solution. We must train and retain more nurses here in California to help stop this ever-widening chasm of demand.

The author goes on to state that, this pilot program will be one tool in our belt to address this crisis, and it will empower our youth to fast-track their careers. Nurses are a vital part of the healthcare team, and healthcare systems fall apart without them, so it is crucial to shoring up our supply before this crisis reaches a critical tipping point.

ANALYSIS

This bill would establish the Nursing Pathway Pilot Program, subject to an appropriation of one-time funds in the annual Budget Act or another statute.

The bill would require the Superintendent of Public Instruction (SPI) to allocate funding for the development of career pathways toward an associate degree in nursing at any CCC at school sites that serve pupils in grades 9 to 12.

The funds would be allocated to pilot LEAs on the basis of an equal amount per average daily attendance (ADA) based on 2022-2023 figures.

Pilot LEA Selection

Pilot LEAs would be selected through a competitive application process in which they demonstrate their ability to provide all the following:

- Professional development for teachers, administrators, and paraprofessional staff or other classified employees involved in the direct instruction of pupils in the nursing profession, the employment opportunities that a career in nursing offers, the educational requirements for various nursing degrees, and age-appropriate

instruction on basic direct patient health care principles;

- The ability for pupils to earn credits towards an associate degree in nursing program at any CCC;
- The inclusion of a signed statement of support from a CCC.

Allowable Activities

If chosen, a pilot LEA would be able to use the funds for all the following:

- Professional development for teachers, administrators, and paraprofessional staff or other classified employees involved in the direct instruction of pupils on the nursing profession, the employment opportunities that a career in nursing offers, the educational requirements for various nursing degrees, and age-appropriate instruction on basic direct patient health care principles.
- Instructional materials aligned to the applicable science curriculum framework adopted by the State Board of Education and addressing the nursing profession;
- Age-appropriate hands-on instruction in hospitals, clinics, or other health care facilities

Community Colleges

The CCC Board of Governors would be required to adopt policies to implement the following provisions:

- A student enrolled in a pilot program must earn credits toward an associate degree in nursing at any CCC. Those credits are required to be applied upon the student's successful admission to the nursing program.
- Subject to the establishment of additional capacity in community college nursing programs above and beyond the level in place for the 2024-2025 academic year, a student who completes a pilot program must be granted preferential enrollment status toward an associate degree in any CCC.

Key Dates

The bill contains the following deadlines:

- LEAs must be selected by July 1, 2024.
- Funds may be encumbered through Fiscal Year 2026-27.
- Department of Education submits a report to the Legislature by January 1, 2028.
- Pilot program sunsets on January 1, 2032.

Additional Considerations

The bill's goal of proactively engaging with high school students to teach them about a career in nursing is laudable and can help to build California's nursing pipeline.

However, it's worth noting that most community college nursing programs have an excess of interested students rather than a shortage. Consequently, many colleges have wait lists in which students are waiting anywhere from one semester up to a year

or two before they can enroll in their desired nursing courses. This can be due to the community college not having enough qualified faculty, technical resources, or clinical placement slots to accommodate all interested students.

The bill states that pupils who successfully complete the pilot program will gain preferential enrollment status toward an associate degree in a nursing program at any community college, subject to the establishment of additional capacity in community college nursing programs above and beyond the level in place for the 2024-2025 academic year.

Typically, if more course offerings were to open in the 2024-2025 academic year, then the college students who have been on a waitlist would most likely be the first to fill those new slots. However, under the provisions of this bill, high school students enrolled in the pilot program could potentially displace college students on the waiting list due to the high school students receiving preferential enrollment.

In its current form, the bill also does not have any involvement from the Board. By including the Board at some point in the process, it could help to ensure that the curriculum/courses being provided as a part of the pilot program are in alignment with [Title 16 CCR Section 1426](#) and will count towards the Board's requirements for licensure.

Furthermore, the bill states that students would be provided with age-appropriate hands-on instruction in hospitals, clinics, or other health care facilities. This provision is somewhat ambiguous and has the potential to be unsafe without the proper safeguards in place. Subsequently, this is another area in which the Board could provide input and expertise from a public protection lens.

FISCAL IMPACT

None anticipated.

SUPPORT

- United Nurses Associations of California/Union of Health Care Professionals

OPPOSITION

None on File.

LEGISLATIVE COMMITTEE POSITION

Not Applicable.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 765](#)
AUTHOR: Wood
BILL DATE: April 17, 2023 - Amended
SUBJECT: Physicians and surgeons: medical specialty titles
SPONSOR: California Medical Association

SUMMARY

The bill would, except as prescribed, make it a misdemeanor for a person who does not have a valid, unrevoked, and unsuspended certificate as a physician and surgeon to use any medical specialty title or any titles, terms, letters, words, abbreviations, description of services, designations, or insignia indicating or implying that the person is licensed to practice under the Medical Practice Act.

BACKGROUND

The Medical Practice Act currently prohibits any person from practicing or advertising as practicing medicine without a valid, unrevoked, and unsuspended license. It is a misdemeanor for any unlicensed person to use the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.,” or any other terms or letters indicating or implying that the person is a licensed physician and surgeon on any sign, business card, or letterhead, or, in an advertisement.

Additionally, [Business and Professions Code \(BPC\) Section 651](#) provides that it is unlawful for any healing arts licensee to publicly communicate any false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of rendering professional services in connection with their licensed practice.

REASON FOR THE BILL

According to the author, health care consumers deserve to know what types of providers are delivering their care. Trust, transparency and honest licensure status, education and training is critical in promoting and protecting patient safety.

The author goes on to state that, California has adopted many scope of practice expansions and I was the author of one for nurse practitioners. These expansions, including my nurse practitioners bill, have called for clear representation of a practitioner’s license so the public is aware should they prefer to receive care from a different type of licensed provider. This bill further clarifies and strengthens this disclosure by assuring consumers that if certain terms are used in a title, consumers know the care they are seeking or receiving is being provided by a physician.

ANALYSIS

This bill would establish the California Patient Protection, Safety, Disclosure, and Transparency Act.

Terms or Letters

The bill would add references to osteopathic physicians and surgeons (D.O.) licensed by the Osteopathic Medical Board of California to the provisions of existing law that prohibit use of the terms “doctor,” “physician,” “Dr.,” and “M.D.” by persons who are not licensed physicians and surgeons.

The bill would expand upon the list outlined in [BPC Section 2054\(b\)](#) of persons who may use the words or letters identified above to also include the following:

- A person holding a current and active license under another chapter of Division 2 of the BPC, to the extent the use of the title is consistent with the act governing the practice of that license.
- A person whose use of the word “doctor” or the prefix “Dr.” is not associated with any claim of entitlement to practice medicine or any other professional service for which the use of the title would be untrue or misleading pursuant to [BPC Section 17500](#).

Medical Specialty Title

The bill also makes it a misdemeanor for a person to use a medical specialty title unless that person has a valid, unrevoked, and unsuspended certificate as a physician and surgeon under the Medical Practice Act.

The prohibited medical specialties include the following names and titles:

“anesthesiologist,” “cardiologist,” “dermatologist,” “doctor of osteopathic medicine,” “emergency physician,” “endocrinologist,” “family physician,” “gastroenterologist,” “general practitioner,” “gynecologist,” “hematologist,” “hospitalist,” “internist,” “interventional pain medicine physician,” “laryngologist,” “medical doctor,” “nephrologist,” “neurologist,” “obstetrician,” “oncologist,” “ophthalmologist,” “orthopedic surgeon,” “orthopaedic surgeon,” “orthopedist,” “orthopaedist,” “osteopathic physician,” “otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,” “pediatrician,” “perinatologist,” “plastic surgeon,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,” “reproductive endocrinologist,” “rheumatologist,” “rhinologist,” “surgeon,” “urogynecologist,” or “urologist,” or any other titles, terms, letters, words, abbreviations, description of services, designations, or insignia, alone or in combination with any other title, indicating or implying that the person is licensed under the Medical Practice Act to practice as such.

Additional Considerations

Some have raised concerns about restricting the use of medical title specialties for anyone other than a physician and surgeon. For example, Certified Registered Nurse Anesthetists (CRNAs) use a variety of terms to identify themselves with two of them most common being, “nurse anesthetist,” and “nurse anesthesiologist.” Given that the term “anesthetist” is not typically used by people outside of the healthcare profession, one could argue that the phrase “nurse anesthesiologist” would be the most effective way to communicate a provider’s education and training to a patient.

However, this bill would prohibit a CRNA from using the term “nurse anesthesiologist” since “anesthesiologist” is among the list of specialty medical terms that the bill states can only be used by someone who is licensed under the Medical Practice Act.

The California Association of Nurse Anesthetists (CANA) points out that there are currently five professions that utilize the title “anesthesiologist”- 1) nurses, 2) dentists, 3) veterinarians, 4) physicians, and 5) assistants. Consequently, CANA argues that it is essential for a practitioner’s licensed profession to precede the descriptor “anesthesiologist” and that this bill would eliminate an anesthesia provider’s ability to identify themselves correctly and effectively.

The Nursing Practice Act (NPA) has put certain safeguards in place for other Advanced Practice Registered Nurses (APRNs), such as Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs), to ensure patients understand that they are not receiving care from a physician and surgeon.

For CNMs, the NPA requires them to disclose both orally and in writing a list of details prior to providing care. These details include, but are not limited to, that the patient is retaining the service of a CNM, that the CNM is not supervised by a physician and surgeon, and that there are conditions that are outside of the scope of practice of a CNM that will result in a referral for a consultation from, or transfer of care to, a physician and surgeon. The law also requires the written disclosure to be signed by both the CNM and the patient.

For NPs, the NPA requires 103 NPs and 104 NPs to verbally inform all new patients in a language understandable to the patient that a NP is not a physician and surgeon. The law also requires them to post a notice in a conspicuous location, accessible to public view, that the NP is regulated by the Board of Registered Nursing.

A potential amendment could be to allow for the use of medical specialty titles, when they are preceded by the licensed profession, such as in the case of “nurse anesthesiologist”, but in that instance, to also require an upfront disclosure to the patient that the provider is not a physician and surgeon, similar to the requirement for CNMs and NPs.

FISCAL IMPACT

None Anticipated.

SUPPORT

- California Medical Association
- American Academy of Dermatology Association
- American College of Obstetricians and Gynecologists District IX
- American Federation of State, County, and Municipal Employees
- American Medical Association
- American Society of Anesthesiologists
- Association of Northern California Oncologists

- California Academy of Eye Physicians and Surgeons
- California Ambulatory Surgery Association
- California Chapter, American College of Cardiology
- California Chapter of the American College of Emergency Physicians
- California Orthopaedic Association
- California Radiological Society
- California Rheumatology Alliance
- California Society of Anesthesiologists
- California Society of Dermatology & Dermatologic Surgery
- California Society of Plastic Surgeons
- California State Association of Psychiatrists
- Consumer Attorneys of California
- Medical Board of California
- Osteopathic Physicians and Surgeons of California

OPPOSITION

- American Association of Naturopathic Physicians
- California Association of Nurse Anesthetists
- California Naturopathic Doctors Association
- California Nurses Association
- California Optometric Association

LEGISLATIVE COMMITTEE POSITION

Not Applicable.

BOARD POSITION

To Be Determined.

BOARD OF REGISTERED NURSING BILL ANALYSIS

BILL NUMBER: [Assembly Bill 1063](#)
AUTHOR: Assemblymember Gabriel
BILL DATE: April 27, 2023 – Amended
SUBJECT: Nurse-to-patient staffing ratios: annual report
SPONSOR: United Nurses Associations of California/Union of Health Care Professionals

SUMMARY

This bill would require the California Department of Public Health (CDPH) to conduct an annual review of its enforcement of the nurse-to-patient ratio regulations and submit a report to the Legislature on its findings.

BACKGROUND

California's nurse to patient staffing ratios were first established upon passage of [AB 394 \(Kuehl, Chapter 345, Statutes of 1999\)](#). Among other provisions, the bill required the Department of Health Services (today this is under the purview of CDPH) to adopt regulations that establish certain minimum nurse-to-patient ratios and required health facilities to adopt written policies and procedures for training and orientation of nursing staff.

According to [Title 22 California Code of Regulation \(CCR\) Section 70217](#), nurse-to-patient ratios represent the maximum number of patients that can be assigned to one licensed nurse at any one time. "Assigned" means the licensed nurse has responsibility for the provision of care to a particular patient within their scope of practice. The type of care and it's required nurse-to-patient ratio are outlined below.

Type of Care & RN to Patient Ratio

- Intensive/Critical Care - 1:2
- Neo-natal Intensive Care - 1:2
- Operating Room - 1:1
- Post-anesthesia Recovery - 1:2
- Labor and Delivery - 1:2
- Antepartum - 1:4
- Postpartum couplets - 1:4
- Postpartum women only - 1:6
- Pediatrics - 1:4
- Emergency Room - 1:4
- ICU Patients in the ER - 1:2
- Trauma Patients in the ER - 1:1
- Step Down - 1:3
- Telemetry - 1:4
- Medical/Surgical - 1:5

- Other Specialty Care - 1:4
- Psychiatric - 1:6

REASON FOR THE BILL

According to the author, the nurse staffing ratios in existing law need to be uniformly enforced. More importantly, the nursing workforce and the general public need to understand that they are being enforced. The author states that this bill will ensure that CDPH is transparent about its enforcement efforts with regard to nurse staffing ratios, by requiring CDPH to do an annual review and submit a report detailing the data behind its enforcement efforts. This data will include the number of complaints, the investigations undertaken, and the results of those investigations, including whether any violations were found.

ANALYSIS

The bill would require CDPH to conduct an annual review of its enforcement of the regulations that were issued to implement AB 394 and submit a report to the Legislature on their findings by January 1 of each year, beginning on January 1, 2025.

The bill would require the enforcement review and subsequent report to include the following information:

- The number of reports received by CDPH alleging violations of Title 22 CCR Section 70217 or other regulations.
- The investigative steps taken by CDPH in response to those reports and the outcome of any investigations.
- A complete listing of the allegations that were found to be unsubstantiated, and the basis for those findings.

Lastly, the bill states that no less than 30 days prior to the submission of the report, CDPH must hold a public hearing to receive input from direct care nurses regarding the efficacy of CDPH's enforcement of the regulations, as well as suggestions for improving the department's ability to enforce the regulations. The input received must be summarized and included in the annual report, along with a plan to implement the various suggestions for improvement received, or an explanation as to why those suggestions are being rejected.

FISCAL IMPACT

None Anticipated.

SUPPORT

- United Nurses Associations of California/Union of Health Care Professionals
- American Federation of State, County, and Municipal Employees
- Service Employees International Union California

OPPOSITION

- California Hospital Association

LEGISLATIVE COMMITTEE POSITION

Not Applicable.

FULL BOARD POSITION

To Be Determined.